SHOOT OR ACIDIZE

REPAIR WELL

			0, 0 .	G.
Form 9-331 (May 1963)	ED STATES CE O	C. C. SUBMIT IN TRIF	ATE*	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
DEPARTM	J' ED STATES CE C. C. C. SUBMIT IN TRIFE (Other instruction) IE IN COFT THE INTERIOR verse side) EOLOGICAL SUR 06Y AM 68			NM 0533777-C
	CES AND REPORTS	ON WELLS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL XX GAS OTHER				7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
WESTERN STATES PRODUCING COMPANY			Federal 24	
3. ADDRESS OF OPERATOR			9. WELL NO.	
900 Bank of the Southwest, Midland, Texas			1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT Chaveroo	
1980' FNL & 660' FWL			11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA	
				24, T-7-S, R-32-E
14. PERMIT NO.	15. ELEVATIONS (Show whether D			12. COUNTY OR PARISH 13. STATE
	4449 gro	und level		Roosevelt New Mexic
16. Check App	propriate Box To Indicate	Nature of Notice, Repo	1, or C	Other Data
NOTICE OF INTENTION TO:			SUBSEQU	JENT REPORT OF:
	ULL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMEN	T	RBPAIRING WELL ALTERING CASING

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

SHOOTING OR ACIDIZING XX

(Other) Casing

ABANDON*

CHANGE PLANS

Spudded at 10:00 p.m., May 24, 1968 5-26-68: Ran 56 jts of 7", 23#, casing set @ 1780' rotary table measurements and cemented w/300 sks 8% gel, 150 sks 2% CC. Plug down 6:00 Tested casing w/1000 psi a.m., 5-26-68. Cmt circd to surface. WOC 24 hrs. for 30 mins, held o.k.

TD 4700'. Ran 145 jts of 4-1/2", 10.5# casing set @ 4700 feet 6-5-68: w/325 sks Incore 2% gel plus 5# salt/sk. PD 3:45 p.m., 6-5-68 Tested casing w/1000 psi - for 30 mins - held o.k. WOC 48 hrs.

18. I hereby certify that the toresoing is true and correct SIGNED LU CHITLE Office Manager	DATE June 10, 1968
(This space for Federal or State office use)	ED DATE
CONDITIONS OF APPROVAL, IF ANY:	
*See Instructions on Reverge Files ENGINE	,